



# Exemption Annual Return

Section 48 Environment Protection Act 1993

**Send completed return to**

The Licensing Team  
 Environment Protection Authority  
 GPO Box 2607 ADELAIDE SA 5001

**Enquiries**

Freecall (outside metro): 1800 623 445  
 Tel: (08) 8204 2058 or (08) 8207 1874  
 Email: epalicensing@sa.gov.au  
 Website: www.EPA.sa.gov.au

If you are unsure of the requirements of this annual return, contact the Licensing Team on (08) 8204 2058.

**Preamble**

This annual return covers all the Prescribed Activities you are currently licensed for by the Environment Protection Authority.

**This form must be completed in full and signed (on the back page) by an authorised person. If the submitted form is incomplete, it cannot be processed.**

This form should not be used to include a new or additional prescribed activity or additional site or location. A New Exemption Application form must be submitted for all new activities and locations.

**Note: A maximum penalty of up to \$60 000 applies for providing false or misleading information.**

## PART A: APPLICANT DETAILS SECTION 1

**1.1 Your current EPA Exemption No.**

A separate Annual Return form is to be completed for each site

**1.2 Have any of your exemption details changed?**

(refer to your current exemption front page to check Exemption Holder's Name and Postal Address)

Yes  No

**If No** – go to 1.3

**If Yes** – indicate changed details here as applicable

New holder(s) name that is to appear on the exemption

\_\_\_\_\_

\_\_\_\_\_

**Note:** If the holder is a company, check if the change is to the name only, i.e. no change of Australian Company Number (ACN). **If a new ACN has been generated you will need to submit a New Exemption Application form. If the holder is a person and a new or additional name is to be included, you will need to submit a New Exemption Application form.**

New postal address for correspondence:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

**1.3 Who is authorised to act on behalf of the exemption holder?**

- a. Contact name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Email: \_\_\_\_\_
- b. Contact name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Email: \_\_\_\_\_
- c. Contact name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Email: \_\_\_\_\_

(if not enough room, please add additional people in Section 2)





## DECLARATION

If the applicant is:

**1. A company, body corporate or proprietary company the following must sign this declaration:**

- a director and/or the company secretary and/or a person appointed as a responsible officer.

**2. A natural person(s):**

- each person or a person legally authorised by the applicant must sign this declaration.

**3. A statutory body:**

- a person whom the Minister has authorised must sign this declaration.

**4. An incorporated association:**

- a person(s) who is authorised under the rules of that association.

**For government departments that do not involve a statutory body, the Minister or a person whom the Minister has authorised must sign this declaration.**

**For joint applications, all parties must sign this declaration.**

*I/we hereby declare that the information provided in this application and accompanying documents, to the best of my knowledge, is true and correct.*

a. Name

Signature

Position of signatory

Date

b. Name

Signature

Position of signatory

Date

c. Name

Signature

Position of signatory

Date

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